

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10824093

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1		1			
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30	1			1		
31						
32						
33						
34						
35	2					
36	2		2			
37	2		2			
38	2		2			
39	2		2			
40	2		2			
41	1					
42	1		1			
43						
44	1		1			
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.	31					
TOTAL DEP.		21				
TOTAL CLAIMS	31	21				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						